



DISABILITY RECORD AUTHORIZATION

Monroe County Civil Service Commission

39 West Main Street, Room 210
Rochester, New York 14614

The information on this form is requested in accordance with Section 85 of the Civil Service Law for the principal purpose of establishing your status as a disabled veteran and processing your application for additional credit. Failure to provide this information may result in the disapproval of your application.

1. TO BE COMPLETED BY VETERAN

Type or print in ink, and send two copies of this form to the Department of Veterans Affairs where your disability claim is on file.

To Chief, Veterans Benefits and Services Division _____, N.Y.

I hereby authorize you to furnish the above Civil Service Agency with the data requested in Section 2 below pertaining to my disability status. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Print Full Name:	V.A. Claim Number:	Service Number:
Address:	Number and Title of Examination(s) for which credit is claimed	
Social Security Number:		
Veteran's Signature:		Date:

2. TO BE COMPLETED BY VETERANS BENEFITS ADMINISTRATOR

Please return original to the Civil Service Agency at address indicated at top of form.

Date:	Claim Number:	Regional V.A. Office:
a.	Does the above-named veteran now have a war-incurred disability? If Yes, please enter date disability was sustained. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	State percentage of such disability now in existence.	%
c.	Date of last medical examination by the V.A. Medical Officer in connection with such disability. (If less than one year ago, do not answer e and f.) Date:	
d.	Does the V.A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, even though the veteran has not been examined by V.A. Medical Officer within one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Date of next scheduled medical examination by the V.A. Date:	
f.	Remarks:	

Signature of Adjudication Officer: _____